

## FEE TRANSMITTAL

Electronic Version v09

Stylesheet Version v08.0

<b>Title of Invention</b>	ANTENNA WITH DIPOLE CONNECTOR																							
Application Number :																								
Date :																								
First Named Applicant:	Paul E. Miller																							
Attorney Docket Number:	71368-0069																							
<b>TOTAL FEE AUTHORIZED \$ 395</b>																								
Patent fees are subject to annual revisions on or about October 1st of each year.																								
Filing as small entity																								
BASIC FILING FEE																								
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%;">Fee Description</th><th style="width: 20%;">Fee Code</th><th style="width: 20%;">Amount \$</th><th style="width: 30%;">Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td style="text-align: right;">395</td><td style="text-align: right;">395</td></tr><tr><td colspan="3"></td><td style="text-align: right;">Subtotal For Basic Filing Fees: \$ 395</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	395	395				Subtotal For Basic Filing Fees: \$ 395									
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EXTRA CLAIM FEES																								
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 30%;">Fee Description</th><th style="width: 10%;">Extra Claim</th><th style="width: 15%;">Fee Code</th><th style="width: 15%;">Amount \$</th><th style="width: 30%;">Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 9</td><td style="text-align: center;">0</td><td style="text-align: center;">2202</td><td style="text-align: right;">9</td><td style="text-align: right;">0</td></tr><tr><td>Independent Claims : 1</td><td style="text-align: center;">0</td><td style="text-align: center;">2201</td><td style="text-align: right;">44</td><td style="text-align: right;">0</td></tr><tr><td colspan="4"></td><td style="text-align: right;">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>					Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 9	0	2202	9	0	Independent Claims : 1	0	2201	44	0					Subtotal For Extra Claims Fees: \$ 0
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<b>AUTHORIZED BILLING INFORMATION</b>																								
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																								
Deposit account number:	502003																							
Deposit name:	McGarry Bair PC																							
Deposit authorized name:	Joel E. Bair																							
Signature:	/Joel E. Bair/																							
Date (YYYYMMDD):	2004-10-12																							
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																								